SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 766307

Corporation Name

HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.

Principal Place of Business
C/O MARCIE REID
3654 NE 19 AVE
FT. LAUDERDALE FL 33308
IIS

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

C/O MARCIE BLVD 3654 NE.19 AVE FT. LAUDERDALE FL 33308

US

26

## FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90011 034 \*\*\*\*61.25

|--|--|--|--|

Applied For

Nót Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

12/27/1982

=59-22722<del>69</del>

4. FEI Number

23		28				3. Certificate of Status Desired	F	ee Red	quired		
Zip	Country 25	Zip	30	ountry		6. Election Campaign Financing Trust Fund Contribution		.00 i	May Be Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
MARCIE REID 3654 NE 19 AVE			82	Street Address (P.O. Box Number is Not Acceptable)							
			83								
FT LAUD	ERDALE FL 33308			63							
				84	City	FI	-	Zip C			
office or r	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the oblig	a of Florida. Such cha	inge was authoriz	zed by	the corpo	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appo	f changir intment	ng its r as reg	egistered istered		
SIGNATURE		t and the contract of	AIÓTE Danista			equired when reinstating) DATE					
12.	Signature, typed or printed name of registered ag	ND DIRECTORS		3.	k signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	ECTO	RS IN 12		
TITLE	D			1 TITLE	I	11.11.11.11.11.11.11.11.11.11.11.11.11.	Chi		Addition		
NAME	KENZORA, LARRY	_		2 NAME		VPD		•	Α-		
STREET ADDRESS			1.3	STREET	ADDRESS	BERNER, BILL					
CRY-ST-ZIP	MIAMI FL			4 CITY-ST	1	20491 Linksview Dr. Boca Raton, FL 33434					
TITLE	VPD .			1 TITLE	,- 211	D BOCA RATON, FD 33434	☐ Cha	ange	Addition		
NAME	DILLON, HELEN			2 NAME		CAPLANO, JOE					
STREET ADDRESS					ADDRESS	5811 Kelsey Lane					
CITY-ST-ZIP	BOCA RATON F			4 CITY-S		Tamarac, FL 33321					
TITLE	D			1 TITLE		D	☐ Cha	ange	Addition		
NAME	KETTERMAN, JIM		3.2	2 NAME		DIXON, JACK					
STREET ADDRESS			3.3	STREET	ADDRESS	812 N. Bel Air Drive					
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4	I. CITY-S	T-ZIP	Plantation, FL 33317					
TITLE	PD		DELETE 4.1	TITLE			√ Cha	ange	☐ Addition		
NAME	MCGOWAN, ROB		4,:	2 NAME							
STREET ADDRESS	1804 NW MADRID WAY		4.3	STREET	ADDRESS	10247 Crosswind Rd.					
CITY-ST-ZIP	BOCA RATON FL		4,4	CITY-ST	r-zup	Boca Raton, FL 33498					
TITLE			DELETE 5.1	1 TITLE		D	☐ Ch	ange	Addition Addition		
NAME			5.2	NAME		JEFFRIES, WILL					
STREET ADDRESS			5.3	STREET	ADDRESS	3233 NE 34th St., #90	7				
C/TY-ST-ZiP				CITY-ST	r-ZIP	Ft. Lauderdale, FL 33	308				
TITLE			DELETE	TITLE	T	D	☐ Cha	ange			
NAME			6.2	NAME		STARACE, STEVE					
STREET ADDRESS	j		6.3	STREET	ADDRESS	7764 Cloverfield Circ	1e				
	1 . **		6.4	CITY ST	7 710	DI 22422					

14. I hereby certify that the information supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attendment with an address, with all other like empowered.

SIGNATURE: /

NO TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

8-31-99

561-451-0057